

A Publication of the  
**Bureau of Land Management**  
**Bureau of Indian Affairs**  
**US Fish and Wildlife Service**  
**US Forest Service**

**Task Book for the Position of:**

**AMPHIBIOUS WATER SCOOPER  
MANAGER  
(AWSM)**



**Note: This is an agency-specific approved by the BLM, BIA, US Fish and Wildlife Service, and US Forest Service to meet agency requirements for the Amphibious Water Scooper Manager (AWSM) position.**

**JANUARY 2025**

**Task Book Assigned To:**

Trainee's Name: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

**Task Book Initiated By:**

Official's Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

**Verification/Certification of Completed Task Book  
for the Position of:**

**AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)**

**Final Evaluator's Verification**

*To be completed **ONLY** when you are recommending the Trainee for certification.*

I verify that (trainee name) \_\_\_\_\_ has successfully performed as a trainee by demonstrating all tasks for the position listed above and should be considered for certification in this position. All tasks are documented with appropriate initials.

Final Evaluator's Signature: \_\_\_\_\_

Final Evaluator's Printed Name: \_\_\_\_\_

Home Unit Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Certification**

I certify that (Trainee name) \_\_\_\_\_ has met all requirements for qualification in the above position and that such qualification has been issued.

Certifying Official's Signature: \_\_\_\_\_

Certifying Official's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional copies of this publication are available through: Agency-specific Position Task Books webpage at <https://www.nwccg.gov/agency-specific-position-task-books>.**

## AGENCY-SPECIFIC POSITION TASK BOOK (PTB)

This agency-specific task book has been developed for the Amphibious Water Scooper Manager (AWSM) position. The Federal Wildland Fire Qualifications Supplement outlines the required training and prerequisites for this position and can be found at <https://iqcsweb.nwcg.gov/>. Click on the “Associated Documents” link to access the Supplement

Each PTB lists the competencies, behaviors and tasks required for successful performance in specific positions. Trainees must be observed completing all tasks and show knowledge and competency in their performance during the completion of this PTB.

Trainees are evaluated during this process by qualified evaluators, and the trainee’s performance is documented in the PTB for each task by the evaluator’s initials and date of completion. An Evaluation Record will be completed by all evaluators documenting the trainee’s progress after each evaluation opportunity.

Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position. Evaluation and confirmation of the trainee’s performance while completing all tasks may occur on one or more training assignments and may involve more than one evaluator during any opportunity.

### INCIDENT/EVENT CODING

Each task has a code associated with the type of training assignment where the task may be completed. While tasks can be performed in any situation, they must be evaluated on the specific type of incident/event for which they are coded. For example, tasks coded W must be evaluated on a wildfire. Performance of any task on other than the designated assignment is not valid for qualification. The codes are defined as:

**O = Other:** In any situation (classroom, simulation, daily job, incident, prescribed fire, etc.).

**I = Incident:** Task must be performed on an incident managed under the Incident Command System (ICS). Examples include wildland fire, structural fire, oil spill, search and rescue, hazardous material, and an emergency or non-emergency (planned or unplanned) event.

**W = Wildfire:** Task must be performed on a wildfire incident.

**RX = Prescribed fire:** Task must be performed on a prescribed fire incident.

**W/RX = Wildfire OR prescribed fire:** Task must be performed on a wildfire OR prescribed fire incident.

**R = Rare event:** Rare events such as accidents, injuries, vehicle or aircraft crashes occur infrequently and opportunities to evaluate performance in a real setting are limited. The Evaluator should determine, through interview, if the Trainee would be able to perform the task in a real situation.

Tasks within the PTB are numbered sequentially; however, the numbering does NOT indicate the order in which the tasks need to be performed or evaluated.

The bullets under each numbered task are examples or indicators of items or actions related to the task. The purpose of the bullets is to assist the Evaluator in evaluating the Trainee; the bullets are not all-inclusive. Evaluate and initial ONLY the numbered tasks. DO NOT evaluate and initial each individual bullet.

### RESPONSIBILITIES

The responsibilities of the Home Unit/Agency, Trainee, Coach, Training Specialist, Evaluator, Final Evaluator, and Certifying Official are identified in the *NWCG Standards for Wildland Fire Position Qualifications*, PMS 310-1, <https://www.nwcg.gov/publications/310-1>. Individuals are responsible for ensuring their tasks are met and the PTB is complete.

## INSTRUCTIONS FOR THE POSITION TASK BOOK EVALUATION RECORD

### Evaluation Record #

Each evaluator will need to complete an evaluation record. Each evaluation record should be numbered sequentially. Place this number at the top of the evaluation record page and also use it in the column labeled "Evaluation Record #" for each numbered task the Trainee has satisfactorily performed.

### Trainee Information

Print the trainee's name, position on the incident/event, home unit/agency, and the home unit/agency address, and phone number.

### Evaluator Information

Print the evaluator's name, position on the incident/event, home unit/agency, and the home unit/agency address and phone number.

### Incident/Event Information

**Incident/Event Name:** Print the incident/event name.

**Reference:** Enter the incident code and/or fire code.

**Duration:** Enter inclusive dates during which the trainee was evaluated.

**Incident Kind:** Enter the kind of incident (e.g., search and rescue, flood).

**Location:** Enter the geographic area, agency, and state.

**Management Type or Prescribed Fire Complexity Level:** Circle the ICS organization level or the prescribed fire complexity level.

**Fire Behavior Prediction System (FBPS) Fuel Model Group:** Circle the Fuel Model Group letter that corresponds to the predominant fuel type in which the incident/event occurred.

**G = Grass Group** (includes FBPS Fuel Models 1 – 3): 1 = short grass (1 foot); 2 = timber with grass understory; 3 = tall grass (1½ - 2 feet)

**B = Brush Group** (includes FBPS Fuel Models 4 – 6): 4 = Chaparral (6 feet); 5 = Brush (2 feet); 6 = dormant brush/hardwood slash; 7 = Southern rough

**T = Timber Group** (includes FBPS Fuel Models 8 – 10): 8 = closed timber litter; 9 = hardwood litter; 10 = timber (with litter understory)

**S = Slash Group** (includes FBPS Fuel Models 11 – 13): 11 = light logging slash; 12 = medium logging slash; 13 = heavy logging slash

### Evaluator's Recommendation

For 1 – 4, initial only one line as appropriate, this will allow for comparison with your initials in the Qualifications Record.

**Comments:** Additional information specific to the evaluator's recommendation. The evaluator should note any deficiencies, additional assignment needs, or additional focus areas that were identified. Record additional remarks/recommendations on an Individual Performance Evaluation or by attaching an additional sheet to the Evaluation Record.

**Evaluator's Signature:** Sign here to authenticate the recommendation.

**Date:** Document the date the Evaluation Record is completed.

**Evaluator's Relevant Qualification (or agency certification):** List your qualification or certification relevant to the trainee position you supervised.

**Note:** Evaluators must be either qualified in the position being evaluated or supervise the trainee; final evaluators must be qualified in the trainee position they are evaluating.

# AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

## COMPETENCY: ASSUME POSITION RESPONSIBILITIES.

*Description: Successfully assume role of Amphibious Water Scooper Manager and initiate position activities at the appropriate time according to the following behaviors.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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### Behavior: Ensure readiness for assignment.

1. Check in on arrival with appropriate agency or incident personnel and receive in-briefing.	O		
2. Obtain and assemble information and materials needed for managing scooper operations.	O		
3. Demonstrate understanding of fixed-wing ramp operations involving personnel, aircraft, logistics, and safety.	O		
4. Demonstrate familiarity with <i>NWCG Standards for Airtanker Base Operations</i> , <i>NWCG Standards for Airtanker Operations</i> and <i>NWCG Standards for Amphibious Water Scooping Aircraft</i> .	O		

### Behavior: Establish effective working relationships with relevant personnel.

5. Establish contacts and develop good working relationships with local agency/aircrew/contractor personnel to provide safe and efficient operations.	I		
6. Establish agency contacts and identify chain of command that includes fire management officer, aviation manager, dispatch, incident contact or air support group supervisor, and procurement person.	I		
7. Establish contacts and dialogue with airport personnel that includes airport management, fixed base operator, airport tenants, and tower personnel if applicable.	I		
8. Coordinate with appropriate personnel (dispatch/aviation operations staff/IMT) to establish duty day start/off times, and cost reporting.	I		

*Unless stated otherwise, evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

### COMPETENCY: COMMUNICATE EFFECTIVELY.

*Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
<b>Behavior: Ensure relevant information is exchanged with all contract and government personnel.</b>			
9. Accurately maintain the contract daily diary and activity log.	I		
10. Discuss payment procedures for scoopers as outlined by contract.	O		
11. Conduct daily briefing with all contract and government personnel assigned that includes mission priorities, operations and adjustments in current operations, communications, weather forecasts, current and predicted fire weather forecasts, and temporary flight restrictions.	I		
12. Discuss pre-flight safety concerns.	O		
13. Provide mission briefing to aircrew and base personnel, verify information with the local dispatch center utilizing aircraft dispatch form/resource order and discuss proper turn-down protocol.	I		
14. Ensure communications are established and there is information flow between the fixed-wing base, aircraft, and dispatch office.	I		
15. Ensure important operational information (e.g., roll times, aircraft availability, days off, and rotation) is communicated with program and local management, dispatch, and other personnel as appropriate.	I		
16. Facilitate after action reviews (AARs) or debriefings and discuss improvement opportunities including adjustments in operations with appropriate personnel.	I		

*Unless stated otherwise, evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

### COMPETENCY: ENSURE COMPLETION OF ASSIGNED ACTIONS TO MEET IDENTIFIED OBJECTIVES.

*Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.*

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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#### **Behavior: Maintain required security procedures for base of operations.**

17. Performs basic field repairs as needed.	O		
18. Train and brief personnel regarding resource and airport security protocols.	I		
19. Ensure only authorized personnel and activities are allowed on the ramp.	I		
20. Obtain or complete facilities security assessment for hosting agency base of operations.	O		

#### **Behavior: Administer/or apply agency policy, contracts, and agreements.**

21. Determine if the aircraft is on an exclusive-use, call-when-needed, or on-call contract/task order.	O		
22. Provide related information on daily aircraft status or changes; maintain contact with contracting officer representative (COR).	I		
23. Coordinate with local unit on appropriate charge coding, and incident cost summary reporting.	I		

#### **Behavior: Ensure flight and duty day hours are not exceeded.**

24. Schedule and manage work to ensure flight and/or duty hours of pilots, mechanics, and fuel truck drivers are not exceeded.	I		
25. Ensure start and stop times are being recorded accurately	I		
26. Ensure all flight times, Extended standby times, are verified with flight crews at the end of each shift.	I		

*Unless stated otherwise, evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
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**Behavior: Ensure contract compliance.**

27. Demonstrate familiarity with amphibious water scooper contracts and can effectively administer these contracts.	O		
28. Monitor compliance with contract specifications and work with COR to take corrective actions, if necessary.	I		
29. Display skill and ability to work closely with contractors to ensure that contract requirements are met, and a high level of cooperation and integrity is achieved between the contractors and the agency.	I		

**Behavior: Take appropriate action based on assessed risks. Anticipate, recognize, and mitigate unsafe situations.**

30. Discuss with pilot capabilities and limitations due to density altitude or runway length.	O		
31. Describe personal safety considerations and attitudes of personnel regarding risk management when conducting base operations. This may include but is not limited to fatigue, dehydration, distractions, qualifications, and training.	O		
32. Identify risks or hazards utilizing the safety management system (SMS) and hazard assessment tools for scooper operations.	O		
33. Conduct safety briefing that utilizes risk assessment and hazard analysis for Scooper operations.	I		

**Behavior: Follow established procedures and/or safety procedures relevant to given assignment.**

34. Review the local Unit Aviation Operations Plan and other applicable plans that may provide information on the management of the resource.	O		
35. Ensure adequate supply of required personal protective equipment (PPE) is available and is utilized.	I		
36. Develop, update, or review, a mishap response plan; ensure plan is available.	I		
37. Brief personnel on crash rescue and mishap response procedures for the base operations.	I		

*Unless stated otherwise, evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*



## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
38. Demonstrate the ability to implement the Crash Rescue/Mishap Response Plan in a simulation.	O		
39. Demonstrate understanding of the Aviation Safety Communique (SAFECOM) system and complete/submit SAFECOM(s) in a timely manner through identified channels and provide on the spot correction of safety concerns and issues.	O		
40. Discuss reporting processes for all fuel or hazardous liquid spills and clean up according to established environmental and/or hazardous materials procedures, referencing Safety Data Sheets (SDS).	O		
41. Discuss the regulations and procedures for fueling operations, review applicable National Fire Protection Association (NFPA) standards.	O		
42. Ensure base personnel are adhering to agency policy and guidance pertaining to fuel spills on the ramp.	I		
43. Coordinate and manage a safe flight environment that includes sterile cockpit compliance.	I		

### **Behavior: Provide logistical support as necessary.**

44. Provide for all logistical needs of the resource and provide for welfare of personnel.	I		
45. Demonstrate familiarity with the process for ordering and procurement of needed items that includes micro purchasing.	O		
46. Ensure staffing with trained and qualified personnel as appropriate for the level of activity or complexity daily.	I		
47. Assists aircrews in arranging for transportation and lodging as appropriate.	I		

### **Behavior: Make appropriate decision based on analysis of gathered information.**

48. Monitor ground operations for safety during start up, taxi, shut down, and fueling operations.	I		
49. Demonstrate skill and ability in planning, coordinating and managing movement of resource aircraft and support vehicles on the airport operations ramp.	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
50. Effectively manage support personnel, e.g., vendor maintenance personnel and other support contractors.	I		
51. Ensure equipment is properly maintained and in good working order.	I		

### Behavior: Coordinate water source management elements.

52. Work with Federal/State agencies, local dispatch units, forest aviation officers, and vendors regarding completion or updating of the Lake Coordination Worksheet, as needed.	I		
53. Determine if the water source is acceptable (e.g., distance/width of lake, elevation, terrain, water depth, and any other hazards) for water scooping operations.	I		
54. Determine if water source has access (e.g., boat dock or landing nearby, emergency services available) for a disabled aircraft.	I		
55. Demonstrate understanding of aquatic invasive species (AIS) and the measures for mitigating the prevention of cross contamination.	O		

### Behavior: Understanding policies and procedures for aquatic invasive species (AIS) decontamination of the water bombing system.

56. Ensure the lake plan is current.	I		
57. Ensure proper notification has been made.	I		
58. Determine if contact needs to be made with local law enforcement? <ul style="list-style-type: none"> <li>• <i>Is law enforcement presence needed during scooping operations?</i></li> <li>• <i>Will public notification need to be made at local boat ramps/campsites/day-use areas?</i></li> </ul>	I		

### Behavior: Understanding policies and procedures for aquatic invasive species (AIS) decontamination of the water bombing system.

59. Determine which type of inspection is required based on the type of aquatic invasive species (algae or vertebrae). <ul style="list-style-type: none"> <li>• <i>Algae – visual inspection of the bombing system and tanks</i></li> <li>• <i>Vertebrae – “hotsy” of the bombing system and tanks</i></li> </ul>	I		
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Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.

## AMPHIBIOUS WATER SCOOPER MANAGER (AWSM)

TASK	C O D E	EVAL. RECORD #	EVALUATOR: Initial & date upon completion of task
60. Check for a useable decontamination water source (hose bib, porta-tank and pump, etc.) close to the ramp. (If there is no water source close to ramp, then a portable tank will suffice).	I		
61. Ensure tanks get decontamination “hotsy” for 1-2 minutes per tank @ 180 to 200 degrees.	I		

**Behavior: Ensure ability to use tools necessary to complete assignment.**

62. Demonstrate ability to utilize computer for daily contract documentation, spreadsheets, various websites, payment procedures, data input, and Automated Flight Following (AFF).	I		
63. Develop or acquire relevant maps such as response area, known aerial hazards, and jettison area(s).	O		
64. Establish a ground operations area that has a fueling area, aircraft parking, vehicle parking, pilot/crew rest area, storage, and applicable expansion space	O		

**Behavior: Plan for demobilization and ensure demobilization procedures are followed.**

65. Discuss how to restore use areas to pre-incident, pre-use condition.	O		
66. Check out with appropriate agency or incident personnel prior to departure and complete closeout/debriefing.	I		
67. Complete all administrative documents with proper charge code format, task order number, and related availability, flight time, special charges, etc.	I		
68. Discuss additional payment procedures (e.g., State, FEMA) that may be encountered.	O		
69. Complete contractor performance evaluation within the Contractor Performance Assessment Reporting System (CPARS).	I		

*Evaluate the numbered tasks ONLY. DO NOT evaluate bullets; they are provided as examples/additional clarification.*

**Trainee Information**

Printed Name:  
 Trainee Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:  
 Evaluator Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: \_\_\_\_\_ Reference (Incident Number/Fire Code): \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): \_\_\_\_\_  
 Location (include Geographic Area, Agency, and State): \_\_\_\_\_  
 Management Type (circle one): Type 5, Type 4, Type 3, Type 2, Type 1, Complex Incident Management, Area Command  
OR Prescribed Fire Complexity Level (circle one): Low, Moderate, High  
 FBPS Fuel Model Letter: G = Grass, B = Brush, T = Timber, S = Slash

**Evaluator's Recommendation**  
 (Initial only one line as appropriate)

- \_\_\_\_\_ 1) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- \_\_\_\_\_ 2) The tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- \_\_\_\_\_ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- \_\_\_\_\_ 4) The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Comments: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

Additional Evaluation Record Sheets can be downloaded at <https://www.nwcg.gov/training/nwcg-position-task-books>.

**Trainee Information**

Printed Name:  
 Trainee Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Evaluator Information**

Printed Name:  
 Evaluator Position on Incident/Event:  
 Home Unit/Agency:  
 Home Unit /Agency Address and Phone Number:

**Incident/Event Information**

Incident/Event Name: \_\_\_\_\_ Reference (Incident Number/Fire Code): \_\_\_\_\_  
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 Incident Kind: Wildfire, Prescribed Fire, All Hazard, Other (specify): \_\_\_\_\_  
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**Evaluator's Recommendation**  
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- \_\_\_\_\_ 3) The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
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Comments: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Relevant Qualification (or agency certification): \_\_\_\_\_

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